(c) if so, the reaction of Govemment thereto; and

(d) whether some of the MPs have written to him on the 29th January, 2007 but to no reply and if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) With effect from 4th July, 2005 Safdarjung Hospital have established a system of procurement of various Cardiology disposables including PTCA stent and the price of S-7 stent as per this system is Rs.25,000/- each. Patient Smt. Phoola Rani had purchased the stent directly from a private supplier *viz.* M/s Mantoo Medical Technology, Gautam Nagar, New Delhi on 3rd May, 2005 for Rs.45,000/- The Cardiology Department of Safdarjung Hospital had no role in this procurement and this stent was purchased by the patient's relatives directly from the private supplier and was prior to the rate contract system being established in the hospital. A reply to the letter dated 29th January, 2007 of Shri Motiur Rahman honourable Member, Rajya Sabha has been sent on 29th August, 2007.

Enforcement of medical code of ethics

2067. SHRI BALAVANT *ALIAS* BAL APTE:
SHRI VINAY KATIYAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Medical Council of India's code of ethics is not being enforced at all;

(b) if so, the reasons therefor; and

(c) the steps taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) In order to regulate the conduct of doctors, the Medical Council of India with the approval of the Central Government, has notified Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. These Regulations prescribe various acts of commission and omission on the part of a physician, which are construed as misconduct and unethical. The Medical Council of India or the appropriate State Medical Councils have been empowered to take disciplinary action against a physician for violation of the provisions or the Regulations. As and when complaints are received by the government against the violation of code of ethics of doctors, Medical Council of India is advised to inquire into such violations and take strict action against violators.

Multi-drug resistant T.B.

2068. MS PRAMILA BOHIDAR:
SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government plan to provide treatment for multi-drug resistant tuberculosis (MDR-TB) for the first time in the country;

(b) if so, the details thereof;

(c) what is the cost of treatment for each patient and whether it would by borne by Government; and

(d) what are the details of treatment centers that are proposed to be opened in Orissa?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) Recognizing the fact that the treatment of MDR-TB is very complex, the Revised National TB Control Programme (RNTCP) has adopted the internationally recommended and WHO endorsed DOTS-Plus guidelines for treatment. These guidelines promote full integration of DOTS with DOTS-Plus activities under RNTCP so that patients with MDR-TB are both correctly identifled and properly managed.

Diagnosis of MDR-TB is a laboratory diagnosis and not a clinical diagnosis. For the purpose of diagnosis of drug resistant cases, RNTCP plans to establish nation wide network of state level quality assured culture and Drug sensitivity laboratory facility Intermediate Reference Laboratory (IRL) in a phased manner. The aim is to have one such laboratory in each large state by 2009-10.

The treatment will be provided at the DOTS Plus sites which will be at limited number of highly specialized centers, at least one in each State with qualifled staff to manage the patients, and have a system to deliver ambulatory DOT after an initial short period of in-patient care 25 such DOTS Plus sites will be initiated in a phased manner similar to the establishment of Culture and DST labs. These sites will be linked geographically to the establishment of RNTCP accredited Intermediate Reference Laboratory (IRL).

The Intermediate Reference laboratories have been established in the States of Gujarat and Maharashtra and these laboratories are fully functional. Patients have been enrolled and treatment of these patients has been initiated.

(c) Per patient cost of treating MDR-TB case is estimated to be approximately Rs 1.4 lakh which will be borne by the Government.

(d) The state designated Intermediate Reference Laboratory (IRL) is in the process of being established at Cuttack. The civil works have been completed and the Culture and drug sensitivity equipments have been delivered which will be installed by the end of August, 2007. After the establishment of laboratory, the treatment of MDR-TB patients will be done using standardized second line drug regimen as per the DOTS-Plus guidelines at the designated state DOTS-Plus site identified by the state.

Hepatitis and other diseases

2069. SHRI M.V. MYSURA REDDY: Will Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of hepatitis-B/AIDS/TB/Polio/Cancer patients in the country;

(b) whether any national action plan has been formulated to eradicate the above diseases;